

Board of Governors of the Federal Reserve System, March 26, 1998.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 98-8455 Filed 3-31-98; 8:45 am]

BILLING CODE 6210-01-F

FEDERAL RESERVE SYSTEM

Sunshine Meeting Notice

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11:00 a.m., Monday, April 6, 1998.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Joseph R. Coyne, Assistant to the Board; 202-542-3204.

SUPPLEMENTARY INFORMATION: You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.bog.frb.fed.us> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: March 27, 1998.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 98-8604 Filed 3-27-98; 4:49 pm]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities: Proposed Collections; Comment Request

The Department of Health and Human Services, Office of the Secretary will periodically publish summaries of proposed information collections projects and solicit public comments in compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork

Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instruments, call the OS Reports Clearance Officer on (202) 690-6207.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

*Proposed Projects 1. Analysis of Employer Group Long-Term Care Insurance—New—*The Office of the Assistant Secretary for Planning and Evaluation is planning to survey employers offering group long-term care insurance in order to identify current products and best practices. Respondents: State or local governments, Businesses or other for-profit, non-profit institutions; Number of Respondents: 125; Burden per Response: 1.33 hours; Total Burden: 167 hours.

Send comments to Cynthia Agnes Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue S.W., Washington DC, 20201. Written comments should be received within 60 days of this notice.

Dated: March 18, 1998.

Dennis P. Williams,

Deputy Assistant Secretary, Budget.

[FR Doc. 98-8501 Filed 3-31-98; 8:45 am]

BILLING CODE 4150-04-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

AHCPR Health Services Research

AGENCY: Agency for Health Care Policy and Research, HHS.

ACTION: Notice of Availability.

SUMMARY: The Agency for Health Care Policy and Research (AHCPR) announces release of a Program Announcement of its broad priority interests for extramural grants for research, demonstration, dissemination, and evaluation projects to: (1) Support

Improvements in Health Outcomes; (2) Strengthen Quality Measurement and Improvement, including the use of evidence-based practice information and tools; and (3) Identify Strategies to Improve Access and Foster Appropriate Use and Reduce Unnecessary Expenditures, including research on the organization, financing, and delivery of health care and the characteristics of primary care practice.

The Program Announcement (PA) of ongoing AHCPR research interests was published in the *National Institutes of Health (NIH) Guide for Grants and Contracts* on March 26, 1998. The PA is available from AHCPR's Website. (See **ADDRESSES.**)

Eligible applicants include nonprofit domestic and foreign organizations including universities, clinics, units of State and local governments, and foundations. For-profit organizations may participate as members of consortia or subcontractors.

DATES: Applications may be submitted at the standard receipt dates for new PHS research grants: February 1, June 1, and October 1, annually. See Application and Instructions, form PHS 398 (rev. 5/95).

ADDRESSES: Interested applicants should obtain application materials, which include the PA, from the AHCPR contractor: Equals Three Communications, Inc.; 7910 Woodmont Avenue, Suite 200; Bethesda, MD 20814-3015; Telephone: 301/656-3100; FAX: 301/652-5264.

The PA is available through AHCPR's Web site (<http://www.ahcpr.gov> under Funding Opportunities) and from the electronic NIH Guide at <http://www.nih.gov/grants/guide/index.html>. It can also be obtained through AHCPR InstantFAX at 301/594-2800. To use the 24-hour InstantFAX, callers must use a FAX machine with a telephone handset, and follow the voice instructions. For questions about this service, call Judy Wilcox, Office of Health Care Information, at 301/594-1364, ext. 1389.

SUPPLEMENTARY INFORMATION: The AHCPR mission is to support and conduct research to improve the outcomes, quality, access to, and cost and utilization of health care services. AHCPR achieves its mission through health services research designed to (1) improve clinical practice, (2) improve the health care system's ability to provide access to and deliver high quality, high-value health care, and (3) provide policy makers with the ability to assess the impact of system changes on outcomes, quality, access, cost, and use of health care services.